

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">101092298</div>	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1									
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50									
Total Indep	1								
Total Depend	8								
Total Claims	9								
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Application Number 101692298

Filing Date

Applicant(s)

* May be used for additional claims or amendments